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## Illinois State Income Tax Withholding

Name (Last, first, middle)

SSN (last 4) or Member ID

Address (Street)

Phone number

(City, State, Zip)

Email

Amount to be withheld from each benefit payment

\$

I request and authorize voluntary Illinois income tax withholding from my benefit payments.

*By signing below I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.*

Member signature \_\_\_\_\_

Date \_\_\_\_\_